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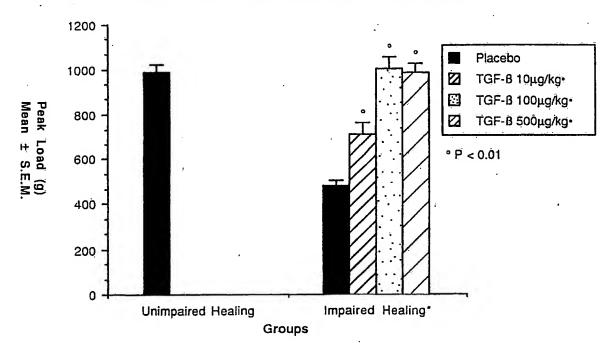
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(54) Title: METHOD OF PREDISPOSING MAMMALS TO ACCELERATED TISSUE REPAIR



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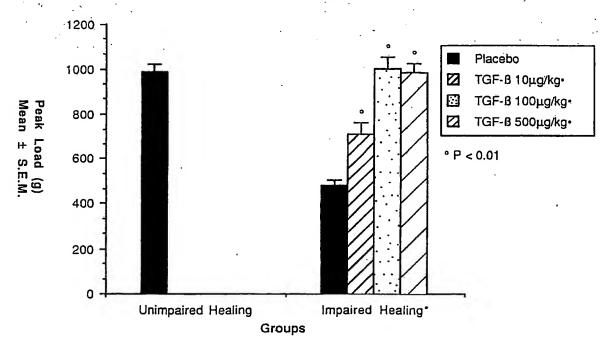
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(57) Abstract

A method of predisposing a mammal to accelerated tissue repair is provided. This method comprises systemically administering to the mammal, prior to its exposure to tissue damage, an effective amount of TGF-β. Preferably, the TGF-β is administered no more than about 24 hours prior to exposure to tissue damage.

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Description

METHOD OF PREDISPOSING MAMMALS TO ACCELERATED TISSUE REPAIR Technical Field

This invention relates to a method of predisposing mammals, especially humans, to accelerated tissue repair. More particularly, this invention is directed to a method of treating a mammal with transforming growth factor-beta before tissue injury to accelerate repair of the tissue.

Background Art

The beta transforming growth factors (TGF-\$\beta\$s) are multifunctional cytokines, produced by many types of cells, including hematopoietic, neural, heart, fibroblast, and tumor cells, that can regulate the growth and differentiation of cells from a variety of tissue origins (Spom et al., Science, 233: 532 (1986)) and stimulate the formation and elaboration of various stromal elements.

There are at least five forms of TGF-\$\beta\$ currently identified, TGF-\$\beta\$1, TGF-\$\beta\$2, TGF-\$\beta\$3, TGF-\$\beta\$4, and TGF-\$\beta\$5. Suitable methods are known for purifying this family of TGF-\$\beta\$s from various species such as human, mouse, green monkey, pig, bovine, chick, and frog, and from various body sources such as bone, platelets, or placenta, for producing it in recombinant cell culture, and for determining its activity. See, for example, R. Derynck et al., Nature, 316:701-705 (1985); European Pat. Pub. Nos. 200,341 published December 10, 1986, 169,016 published January 22, 1986, 268,561 published May 25, 1988, and 267,463 published May 18, 1988; U.S. Pat. No. 4,774,322; Cheifetz et al, Cell, 48: 409-415 (1987); Jakowlew et al., Molecular Endocrin., 2: 747-755 (1988); Dijke et al., Proc. Natl. Acad. Sci. (U.S.A.), 85: 4715-4719 (1988); Derynck et al., J. Biol. Chem., 261: 4377-4379 (1986); Sharples et al., DNA, 6: 239-244 (1987); Derynck et al., Nucl. Acids. Res., 15: 3188-3189 (1987); Derynck et al., Nucl. Acids. Res., 15: 3188-3189 (1987); Derynck et al., Nucl. Acids. Res., 15: 3187 (1987); Derynck et al., EMBO J., 7: 3737-3743 (1988)); Seyedin et al., J. Biol. Chem., 261: 5693-5695 (1986); Madisen et al., DNA, 7: 1-8 (1988); and Hanks et al., Proc. Natl. Acad. Sci. (U.S.A.), 85: 79-82 (1988).

The activated form of TGF- β 1 is a homodimer formed by dimerization of the carboxy-terminal 112 amino acids of a 390 amino acid precursor (Derynck et al., <u>Nature</u>, *supra*). Recombinant TGF- β 1 has been cloned (Derynck et al., <u>Nature</u>, *supra*) and expressed in Chinese hamster ovary cells (Gentry et al., <u>Mol. Cell. Biol.</u>, <u>7</u>: 3418-3427 (1987)).

TGF-β2 has a precursor form of 414 amino acids and is also processed to a homodimer from the carboxy-terminal 112 amino acids that shares approximately 70% homology with the active form of TGF-β1 (Marquardt et al., <u>J. Biol. Chem.</u>, <u>262</u>: 12127 (1987)). TGF-β2 has been purified from porcine platelets (Seyedin et al., <u>J. Biol. Chem.</u>, <u>262</u>: 1946-1949 (1987)) and human glioblastoma cells (Wrann et al., <u>EMBO J.</u>, <u>6</u>: 1633 (1987)), and recombinant human TGF-β2 has been cloned (deMartin et al., <u>EMBO J.</u>, <u>6</u>: 3673 (1987)).

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TGF-β3, TGF-β4, and TGF-β5, which are the most recently discovered forms of TGF-β, were identified by screening cDNA libraries. The putative protein products of these three genes have not been isolated from natural sources, although Northern blots demonstrate expression of the corresponding mRNAs. Human and porcine TGF-β3 have been cloned and described previously (Derynck et al., EMBO J.,7: 3737-3743 (1988), ten Dijke et al., Proc. Natl. Acad. Sci. USA, 85: 4715 (1988)). TGF-β4 and TGF-β5 were cloned from a chicken chondrocyte cDNA library (Jakowlew et al., Molec. Endocrinol., 2: 1186-1195 (1988)) and from a frog oocyte cDNA library, respectively. The frog oocyte cDNA library can be screened using a probe derived from one or more sequences of another type of TGF-β. TGF-β4 mRNA is detectable in chick embryo chondrocytes, but is far less abundant than TGF-β3 mRNA in developing embryos or in chick embryo fibroblasts. TGF-β5 mRNA is expressed in frog embryos beyond the neurula state and in Xenopus tadpole (XTC) cells.

TGF- β has been shown to have numerous regulatory actions on a wide variety of both normal and neoplastic cells. TGF- β is multifunctional, as it can either stimulate or inhibit cell proliferation, differentiation, and other critical processes in cell function (Sporn et al., *supra*). For a general review of TGF- β and its actions, see Sporn et al., <u>J. Cell Biol.</u>, <u>105</u>: 1039-1045 (1987), Sporn and Roberts, <u>Nature</u>, <u>332</u>: 217-219 (1988), and Roberts et al., <u>Recent Progress in Hormone Research</u>, <u>44</u>: 157-197 (1988).

Natural TGF-81 is made predominantly, if not exclusively, in a biologically latent form, which can be activated in vitro by denaturants such as urea, heat, plasmin, high salt, endoglycosidase F, capthepsin D, type IV collagenase, cocultured endothelial cells and pericytes, plasminogen activators such as urokinase, stimulated osteoclasts, or extremes of pH. See, e.g., Pircher et al., Canc. Res., 44: 5538-5543 (1984) re latent TGF-β from nontransformed and Kirsten sarcoma virus-transformed normal rat kidney cells; Antonelli-Orlidge et al., Proc. Natl. Acad. Sci. USA, 86: 4544-4548 (1989) re latent TGF-\$\beta\$ from pericytes and capillary endothelial cells; Lawrence et al., Biochem. Biophys. Res. Commun., 133: 1026-1034 (1985) re latent TGF-β from chicken embryo fibroblasts; Oreffo et al., Biochem. Biophys. Res. Commun., 158: 817-823 (1989) re latent TGF-β from murine bone organ cultures; Keski-Oja et al., J. Cell Biol., 107: (6 Part 3), 1988, 50a re latent TGF-\$\beta\$ from human lung adenocarcinoma cell line; Miyazono and Heldin, J. Cell. Biochem. Supp. 0 (13 part B) 1989, p. 92 and Miyazono and Heldin, Nature, 338: 158-160 (1989) re latent TGF-8 from human platelets and its carbohydrate structure; and Pircher et al., Biochem. Biophys. Res. Commun., 136: 30-37 (1986) re latent TGF-β from human blood platelets. See also Lawrence et al., J. Cell. Physiol., 121: 184-188 (1984); Kryceve-Martinerie et al., Int. J. Cancer, 35: 553-558 (1985); Brown et al., "TGF-\(\beta^*\), NY Acad. Sci. Meeting Abstract, May 18-20, 1989; Danielpour et al., <u>J. Cell. Physiol.</u>, <u>138</u>: 79-86 (1989); Wakefield et al., <u>J. Biol.</u> Chem., 263: 7646-7654 (1988); and Miyazono et al., J. Biol. Chem., 263: 6407-6415 (1988).

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Several groups have characterized the latent form of TGF-\$\beta\$1 secreted by human platelets. Pircher et al., supra, stated that it has an apparent molecular weight of 400 Kd. More recently, it has been characterized as a three-component complex of about 235 Kd, wherein the active TGF-\$\beta\$1 (25 Kd dimer) is non-covalently associated with the remainder of the processed precursor (75 Kd dimer), which in turn is disulfide-bonded to an unrelated protein of 125-160 Kd (Wakefield et al., J. Biol. Chem., 263, supra; Miyazono et al., supra; Miyazono et al., J. Cell Biochem. Supp., Q (12 Part A), 1988, p. 200; Wakefield et al., J. Cell. Biochem. Suppl., 11A: 0, 46 (1987)).

The function of the binding protein of 125-160 Kd remains to be elucidated. Recent characterizations indicate that it contains at least 14 EGF-like repeats and six potential N-glycosylation sites and calcium binding domains (Kanzaki et al., "TGF- β ", NY Acad. Sci. meeting abstract, May 18-20, 1989; Miyazono, "TGF- β ", NY Acad. Sci. meeting abstract, May 18-20, 1989). Latent TGF- β secreted by many cells in culture has a similar structure (Wakefield et al., J. Biol. Chem., supra), and this is the form in which TGF- β 1 is probably perceived initially by target cells in vivo. It has been suggested that the precursor remainder of TGF- β may have an important independent biological function based on conservation of sequences in the precursor region (Roberts et al., Recent Progress in Hormone Research, supra). Additionally, a mutation at position 33 of precursor TGF- β 1 is reported to increase the yield of mature TGF- β 1, and dimerization of the precursor "pro" region is suggested as necessary to confer latency (Brunner et al., J. Biol. Chem., 264: 13660-13664 (1989)).

Normal repair of tissue is a complex, sequential process involving many cell types. Fibroblasts, inflammatory cells, and keratinocytes all function in an integrated manner to promote cell division, differentiation, and migration. These processes in turn lead to enhanced connective tissue deposition and angiogenesis. Recent data suggest that these processes may be mediated both in an autocrine and paracrine manner by peptide growth factors such as TGF-\$\beta\$ (Postlethwaite et al., J. Exp. Med., 165: 251-256 (1987); Assoian et al., Nature, 308: 804-806 (1984)). Levels of endogenous TGF-\$\beta\$ have been reported to increase transiently in wound chambers of the rat (Cromack et al., J. Surg. Res., 42: 622-628 (1987)). Also, a crude extract of platelets containing multiple growth factors promoted healing of chronic skin ulcers (Knighton et al., Ann. Surg., 204: 322-330 (1986)). The results of these studies indirectly support the hypothesis that normal healing is mediated by locally produced peptide growth factors.

In vivo, TGF-β1 causes granulation tissue to form when injected intradermally (Roberts et al., <u>Proc. Nat. Acad. Sci. USA</u>, <u>83</u>: 4167-4171 (1986); Sporn et al., <u>Science</u>, <u>219</u>: 1329-1331 (1983)). In vitro, TGF-β1 stimulates the expression of fibronectin and collagen type I, in part mediated via increased levels of mRNA, and increases the deposition of fibronectin into the pericellular matrix (Wrana et al., <u>Eur. J. Biochem.</u>, <u>159</u>: 69-76 (1986); Ignotz and Massague, <u>J.Biol. Chem.</u>, <u>261</u>: 4337-4345 (1986); Fine and Goldstein, <u>J. Biol. Chem.</u>, <u>262</u>:

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3897-3902 (1987); Ignotz et al., <u>J. Biol. Chem.</u>, <u>262</u>: 6443-6446 (1987); Raghow et al., <u>J. Clin. Invest.</u>, <u>79</u>: 1285-1288 (1987); Varga and Jimeniz, <u>Biochem. Biophys. Res. Commun.</u>, <u>138</u>: 974-980 (1986)).

A single application of TGF- β in collagen vehicle to incisions in normal rats significantly increased tensile strength compared with untreated or collagen vehicle treated incisions (Mustoe et al., Science, 237: 1333-1336 (1987)). See also Brown et al., Ann. Surg., 208: 788-794 (1988). In another study it was reported that TGF- β treatment reversed doxorubicin depressed uptake of hydroxyproline and thymidine in wound chambers in rats, suggesting that TGF- β might enhance the strength of the incisions by stimulating proliferation of cells and enhancing collagen synthesis (Grotendorst et al., J. Clin. Invest., 76: 2323-2329 (1985)).

These results were extended using an animal model that more closely approximates healing of surgical incisions (Curtsinger et al., Surgery, Gynecology & Obstetrics, 168: 517-522 (1989)). It was hypothesized that because TGF-\$\beta\$ is a potent chemoattractant for human fibroblasts (Postlethwaite et al., supra,) and stimulates collagen synthesis in cultures of renal fibroblasts in rats (Roberts et al., Proc. Natl. Acad. Sci. USA, supra), it may increase tensile strength by directly stimulating production of collagen by fibroblasts or by attracting inflammatory cells that may release peptide growth factors into the wounded area (Madtes et al., Cell. 53: 285-293 (1988); Morhenn, Immunol. Today, 9: 104-107 (1988)).

h addition to the scientific literature, the patent literature has also disclosed that TGF-\$\beta\$ is useful in treating existing traumata when administered systemically or applied topically to the traumatized tissue, with promotion of rapid proliferation of cells, particularly fibroblast cells (see, e.g., EP 128,849; EP 105,014; U.S. Pat. Nos. 4,843,063; 4,774,322; 4,774,228; and 4,810,691). There is, however, also a need for an agent that predisposes mammals to accelerated tissue repair before the mammals have been subjected to trauma.

Accordingly, it is an object of the present invention to provide a method for treating mammals that have not yet experienced tissue damage to promote accelerated proliferation of the cells surrounding the traumata and consequently rapid healing.

This object and other objects will become apparent to one of ordinary skill in the art.

<u>Disclosure of Invention</u>

This invention provides a method of predisposing a mammal to accelerated tissue repair comprising systemically administering to the mammal, prior to its exposure to tissue damage, an effective amount of TGF- β . Preferably, the TGF- β is administered no more than about 24 hours prior to the tissue damage exposure. More preferably, the TGF- β is administered within a time range of from about 24 hours to greater than about 5 minutes before exposure to tissue damage.

Surprisingly, it has been found that administration of a single dose of TGF- β systemically to a mammal at least 24 hours in advance of wounding accelerates healing of

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the wound dramatically. This discovery was particularly surprising because TGF- β has a circulating half-life in plasma of only about 5 minutes.

Brief Description of the Drawings

Figure 1 depicts the sequences of human TGF- β 1, human TGF- β 2, human TGF- β 3, chick TGF- β 4, and frog TGF- β 5.

Figure 2 represents the peak load, which is a measure of strength, of linear skin incision wounds. Rats were treated intramuscularly with 5 mg prednisolone (asterisk) at the time of wounding to impair healing processes or treated with saline (black) as an unimpaired-healing control. Saline (diagonal stripes) or 10 μ g/kg rhTGF- β 1 (cross-hatching) was administered intravenously 24 hours before (-24 hr.) or at the time of (0 hr.) wounding.

Figure 3 represents the peak load of the impaired-healing rat skin linear incision wounds treated intravenously with saline (black) or with 10 μ g/kg, 100 μ g/kg, or 500 μ g/kg of rhTGF- β 1 and intramuscularly with 5 mg methylprednisolone at the time of wounding. A group treated with saline but not treated with methylprednisolone served as an unimpaired-healing control.

Description of the Preferred Embodiments

A. Definitions

As used herein, the term "TGF- β " refers to the family of molecules described hereinabove, having the full-length, native amino acid sequence of any of the TGF- β s from any species. Reference to such TGF- β herein will be understood to be a reference to any one of the currently identified forms, including TGF- β 1, TGF- β 2, TGF- β 3, TGF- β 4, and TGF- β 5 (whose sequences are shown in Figure 1), as well as to TGF- β species identified in the future, including polypeptides derived from the sequence of any known TGF- β and identical at 75% or more of the residues, their alleles, and their predetermined amino acid sequence variants, so long as they are effective in the method described herein. The specific terms "TGF- β 1," "TGF- β 2," and "TGF- β 3" refer to the TGF- β 5 defined in the literature, e.g., Derynck et al., Nature, supra, Seyedin et al., J. Biol. Chem., 262, supra, and deMartin et al., supra. In addition, the TGF- β 1 is suitably useful in the latent form or as an associated or unassociated complex of precursor and mature TGF- β 6.

Members of the TGF- β family are defined as those which have nine cysteine residues in the mature portion of the molecule, share at least 65% sequence identity with other known TGF- β sequences in the mature region, and may compete for the same receptor. In addition, they all appear to be encoded as a larger precursor that shares a region of high homology near the N-terminus and shows conservation of three cysteine residues in the portion of the precursor that will later be removed by processing. Moreover, the TGF- β s appear to have a processing site with four or five basic amino acids.

The TGF- β is appropriately from any source, preferably mammalian, and most preferably human. TGF- β from animals other than humans, for example, porcine or bovine

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sources, can be used for treating humans. Likewise, if it is desirable to treat other mammalian species such as domestic, farm, zoo, sports, or pet animals, human TGF- β , as well as TGF- β from other species, is suitably employed.

As used herein, the term "tissue damage" refers to any form of damage or trauma to soft or hard tissue, including thermally and/or mechanically induced trauma as well as damage caused by inflammatory, infectious, and immune responses. Examples of tissue damage include surgical incisions, such as internal and epidermal surgical incisions, and corneal surgery; burns, whether first, second, or third degree; bone damage such as bone fractures, bony defects, and prosthetic implants, including injury attendant surgery such as hip replacements; wounds, including lacerations, incisions, and penetrations; sites of expected development of ulcers such as, e.g., diabetic, dental, haemophiliac, varicose, or decubitus ulcers; chronic conditions or ulcers converted to acute wounds, preferably by surgery; infections of the bone such as osteomyolitis; and any inflammatory or immune response of soft tissue such as that seen with rheumatoid arthritis or any inflammatory condition leading to bone loss, whether infectious or non-infectious.

B. Modes for Carrying Out the Invention

The method of this invention involves systemic administration to a mammal, including domestic, farm, zoo, sports, or pet animals, but preferably a human, of an effective amount of TGF- β as an agent that predisposes the tissue to accelerated repair.

The types of patients that may be treated by the method of this invention include not only those who do or would be expected to undergo normal tissue repair, but also those that would be predicted to or do exhibit abnormal tissue repair. Impaired wound healing has many causes, including diabetes, uremia, malnutrition, vitamin deficiencies, and systemic treatment with corticosteroids, radiation, or antineoplastic agents such as doxorubicin. Thus, this invention contemplates treatment of the latter as well as the former types of patients.

The TGF- β molecule will be formulated and dosed in a fashion consistent with good medical practice taking into account the specific tissue involved, the condition of the individual patient, the site of delivery of the TGF- β , the method of administration, and other factors known to practitioners. Thus, for purposes herein, the "therapeutically effective amount" of the TGF- β is an amount that is effective to accelerate tissue repair in a mammal that undergoes tissue damage after administration of the TGF- β .

The TGF- β is prepared for storage or administration by mixing TGF- β having the desired degree of purity with physiologically acceptable carriers, excipients, or stabilizers. Such materials are non-toxic to recipients at the dosages and concentrations employed. If the TGF- β is water soluble, it may be formulated in a buffer such as acetate or other organic acid salt, preferably at a pH of about 5 to 6. If a TGF- β variant is only partially soluble in water, it may be prepared as a microemulsion by formulating it with a nonionic surfactant such as Tween, Pluronics, or polyethylene glycol (PEG), e.g., Tween 80, in an amount of 0.04-0.05% (w/v),

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to increase its solubility. Optionally other ingredients may be added such as antioxidants, e.g., ascorbic acid; low molecular weight (less than about ten residues) polypeptides, e.g., polyarginine or tripeptides; proteins, such as serum albumin, gelatin, or immunoglobulins; amino acids, such as glycine, glutamic acid, aspartic acid, or arginine; chelating agents such as EDTA; and sugar alcohols such as mannitol or sorbitol.

The TGF- β to be used for therapeutic administration must be sterile. Sterility is readily accomplished by filtration through sterile filtration membranes (e.g., 0.2 micron membranes). The TGF- β ordinarily will be stored in lyophilized form or as an aqueous solution since it is highly stable to thermal and oxidative denaturation. The pH of the TGF- β preparations typically will be about 5, although higher or lower pH values may also be appropriate in certain instances. It will be understood that use of certain of the foregoing excipients, carriers, or stabilizers will result in the formation of salts of the TGF- β .

Therapeutic compositions containing the TGF- β generally are placed into a container having a sterile access port, for example, an intravenous solution bag or vial having a stopper pierceable by a hypodermic injection needle.

Sustained release formulations may also be prepared, and include the formation of microcapsular particles and implantable articles. For preparing sustained-release TGF- β compositions, the TGF- β is preferably incorporated into a biodegradable matrix or microcapsule. A suitable material for this purpose is a polylactide, although other polymers of poly-(α -hydroxycarboxylic acids), such as poly-D-(-)-3-hydroxybutyric acid (EP 133,988A), can be used. Other biodegradable polymers include poly(lactones), poly(acetals), poly(orthoesters), or poly(orthocarbonates). The initial consideration here must be that the carrier itself, or its degradation products, is nontoxic in the target tissue and will not further aggravate the condition. This can be determined by routine screening in representative animal models such as impaired rat skin linear incision models, or, if such models are unavailable, in normal animals.

For examples of sustained release compositions, see U.S. Patent No. 3,773,919, EP 58,481A, U.S. Patent No. 3,887,699, EP 158,277A, Canadian Patent No. 1176565, U. Sidman et al., <u>Biopolymers</u>, <u>22</u>: 547 (1983), and R. Langer et al., <u>Chem. Tech.</u>, <u>12</u>: 98 (1982).

Tissue damage caused by infections may be treated with TGF- β formulated with an effective amount of an antibiotic such as cepholosporin or penicillin. Alternatively, the antibiotic and TGF- β may be administered separately to the patient using the general methods described above. The treating physician will be able to determine the proper dosages and administration routes of antibiotic based on conventional therapy for treating infectious conditions.

The dosage of TGF- β to be employed is dependent upon the factors described above, especially the type of tissue damage which is expected. As a general proposition, a dose of

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about 0.015 to $\overline{5}$ mg/kg, preferably to $\overline{0.5}$ mg/kg, of TGF- β may be administered to the patient, whether via, e.g., one or more single administrations, continuous infusion, or bolus injection. The advantage of this invention lies in the use of only one administration of TGF- β , preferably intravenously, so one dose is preferred. However, other dosage regimens may be useful. This administration takes place prior to infliction of damage to the tissue, e.g., before surgery, preferably no more than about 24 hours before tissue damage is inflicted, and more preferably from within 24 hours to greater than about 5 minutes prior to tissue damage.

The invention is more fully illustrated in the example set forth below, which is intended to represent one embodiment of the invention, but not the only embodiment.

EXAMPLE I

Material: Recombinant human TGF-B1 was cloned (Derynck et al., Nature, supre) and expressed in Chinese hamster ovary cells (using a method such as that described by Graycar et al., Molecular Endocrinology, 3: 1977-1986 (1989) and U.S Pat. No. 4,886,747 issued December 12, 1989). The protein was purified by harvesting the cell culture fluid, concentrating this fluid with a Pellicon cassette system, diluting the concentrate with three vols. of a mixture of 50:1 of reagent alcohol to HCl, allowing the mixture to sit for 1 hour at 4°C, adjusting the pH to 7.5-8, centrifuging the mixture, loading the supernatant on a cation exchange S Sepharose Fast Flow column (previously equilibrated with 6 M urea, 20 mM MOPS buffer, pH 8), washing the column with the same buffer, eluting with a gradient of 0 to 0.4 M sodium chloride in the same buffer, making a pool from the gradient fractions run on a gel, adjusting the pH of the pool to 4.5, applying the pool to a second cation exchange SP Toyopearl column previously equilibrated in 2 M urea, 50 mM sodium acetate buffer at pH 4.5, washing the column with the same buffer, eluting with a gradient of 0 to 1 M sodium chloride in the same buffer, making a pool from the gradient fractions run on a gel, concentrating the pool on a stirred cell Amicon concentrator, loading the concentrate on a HW55S Toyopearl gel filtration column, washing with 1 M acetic acid, making a pool from the gradient fractions run on a gel, and exchanging the pool into 20 mM sodium acetate buffer at pH 5 over Cellufine GH-25.

Vehicle (saline) was formulated in the sodium acetate buffer at pH 5 without the TGF- β 1. The material was stored at 4°C until use.

Animal Surgery: Adult male Sprague Dawley rats, 300-350 grams (Charles River Laboratories, Wilmington, MA), maintained in accordance with guidelines from the NIH and the American Association for the Accreditation of Laboratory Animal Care, were anesthetized by an intramuscular injection of ketamine hydrochloride/xylazine hydrochloride/acetylpromazine maleate mixture. The hair was clipped from the back and sides and disinfected with betadine and 70% alcohol rinse. At this time each rat was given a single intravenous (iv) injection of either saline or one of four concentrations of TGF-\$\beta\$1 at a volume of 1.0 ml/kg. After injection of vehicle or TGF-\$\beta\$1, two pairs of symmetrical

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transverse full-thickness skin incisions approximately 2.5 cm in length were made by cutting through the subdermal panniculus carnosus musculature. Each wound was closed with two interrupted 4-0 stainless steel sutures evenly divided across the wound. After surgery each rat was administered either a single intramuscular injection of 5 mg methylprednisolone to inhibit inflammation and thus impair the healing process or saline to serve as an unimpaired healing control. The animals were returned to their cages and allowed to recover.

Additional animals were treated in an identical manner with the exception of a single intravenous dose of TGF-\$1 administered 24, 48, or 72 hours before surgery rather than at the time of surgery.

<u>Tissue Sampling</u>: In a time-dependent manner rats were euthanized and 1-2 mm cross-sections of the wound from the center of each scar were removed with samples fixed in 10% neutral buffered formalin for light microscopic examination and Karnovsky's solution for electron microscopy. Two 8 x 25 mm samples from each wound were removed and fixed in 10% formalin for seven days for wound strength determinations.

<u>Tensometry</u>: Tissues were uniformly trimmed in width and length (8 mm x 25 mm) to assure that the edges of the scar were exposed on both sides of the sample. Tensometry was performed on coded samples using a calibrated tensometer (Instron Universal Testing Instrument Model 1011, Instron Corp., Canton, MA). The value determined was breaking strength (g), which is a measure of force in grams applied to the tissue at the point where the scar tissue visually breaks and a major deflection occurs in the tracing.

Results: Two separate studies were performed in which there were an unimpaired-healing control (saline) group and an impaired-healing control (saline) group and TGF- β 1-treated group(s). The first study compared the effects of 10 μ g/kg TGF- β 1 to saline control when administered intravenously either 24 hours prior to or just before skin incision. Results of this study are presented in Figure 2 and indicate that wounds treated with 10 μ g/kg TGF- β 1 exhibited increased strength (p < 0.05) compared to its concurrent vehicle control. In addition, the impaired-healing wounds treated with TGF- β 1 were approximately 90% as strong as unimpaired-healing wounds treated with vehicle.

The second study was identical in design with the addition of 100 μ g/kg and 500 μ g/kg doses of TGF- β 1. Results, presented in Figure 3, indicate that all three dose levels of TGF- β 1 increased the strength of linear incision wounds compared with impaired-healing vehicle control (p < 0.01). Both the 100 and 500 μ g/kg doses of TGF- β 1 returned impaired-healing wounds to the same strength as unimpaired-healing vehicle treated wounds (Fig. 3).

Thus, TGF- β is effective when administered as single iv doses of 10 to 500 μ g/kg in accelerating wound healing in this model. This model is predictive of the results that one would obtain in a clinical trial.

-10-

SEQUENCE LISTING

	SECUENCE LISTING
	(1) GENERAL INFORMATION:
5	(i) APPLICANT: Genentech, Inc.
	(ii) TITLE OF INVENTION: Method of Predisposing Mammals to Accelerated Tissue Repair
10	(iii) NUMBER OF SEQUENCES: 5
10	(iv) CORRESPONDENCE ADDRESS: (A) ADDRESSEE: Genentech, Inc. (B) STREET: 460 Point San Bruno Blvd
15	(C) CITY: South San Francisco (D) STATE: California (E) COUNTRY: USA (F) ZIP: 94080
20	(v) COMPUTER READABLE FORM: (A) MEDIUM TYPE: 5.25 inch, 360 Kb floppy disk (B) COMPUTER: IBM PC compatible (C) OPERATING SYSTEM: PC-DOS/MS-DOS (D) SOFTWARE: patin (Genentech)
25	(vi) CURRENT APPLICATION DATA: (A) APPLICATION NUMBER: (B) FILING DATE: (C) CLASSIFICATION:
30	(vii) PRIOR APPLICATION DATA: (A) APPLICATION NUMBER: U.S. Ser. No. 07/504,495 (B) FILING DATE: 4 April 1990
35	(viii) ATTORNEY/AGENT INFORMATION: (A) NAME: Hasak, Janet E. (B) REGISTRATION NUMBER: 28,616 (C) REFERENCE/DOCKET NUMBER: 637
40	(ix) TELECOMMUNICATION INFORMATION: (A) TELEPHONE: 415/266-1896 (B) TELEFAX: 415/952-9881 (C) TELEX: 910/371-7168
45	(2) INFORMATION FOR SEQ ID NO:1:
	(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 390 amino acids (B) TYPE: amino acid
50	(D) TOPOLOGY: linear (iv) SEQUENCE DESCRIPTION:SEQ ID NO:1:
	Met Pro Pro Ser Gly Leu Arg Leu Leu Pro Leu Leu Pro Le
	1 5 10 1

Leu Trp Leu Leu Val Leu Thr Pro Gly Pro Pro Ala Ala Gly Leu

-11-

					20					25					30
5	Ser	Thr	Cys	Lys	Thr 35	Ile	Asp	Met	Glu	Leu 40	Val	Lys	Arg	Lys	Arg 45
	Ile	Glu	Ala	Ile	Arg	Gly	Gln	Ile	Leu	Ser 55	Lys	Leu	Arg	Leu	Ala 60
10	Ser	Pro	Pro	Ser	Gln 65	Gly	Glu	Val	Pro	Pro 70	Glý	Pro	Leu	Pro	Glu 75
	Ala	Val	Leu	Ala	Leu 80	Tyr	Asn	Ser	Thr	Arg 85	Asp	Arg	Val	Ala	Gly 90
15	Glu	Ser	Ala	Ģlu	Pro 95	Glu	Pro	Glu	Pro	Glu 100	Ala	Asp	Tyr	Tyr	Ala 105
20	Lys	Glu	Val	Thr	Arg 110	Val	Leu	Met	Val	Glu 115	Thr	His	Asn	Glu	Ile 120
	Tyr	Asp	Lys	Phe	Lys 125	Gln	Ser	Thr	His	Ser 130	Ile	Tyr	Met	Phe	Phe 135
25	Asn	Thr	Ser	Glu	Leu 140	Arg	Glu	Ala	Val	Pro 145	Glu	Pro	Val	Leu	Leu 150
	Ser	Àrg	Ala	Glu	Leu 155	Arg	Leu	Leu	Arg	Leu 160	Lys	Leu	Lys	Val	Glu 165
30	Gln	His	Val	Glu	Leu 170	Tyr	Gln	Lys	Tyr	Ser 175	Asn	Asn	Ser	Trp	Arg 180
35	Tyr	Leu	Ser	Asn	Arg 185	Leu	Leu	Ala	Pro	Ser 190	Asp	Ser	Pro	Glu	Trp 195
	Leu	Ser	Phe	Asp	Val 200	Thr	Gly	۷al	Val	Arg 205	Gln	Trp	Leu	Ser	Arg 210
40	Gly	Gly	Glu	Ile	Glu 215		Phe	Arg	Leu	Ser 220	Ala	His	Cys	Ser	Cys 225
	Asp	Ser	Arg	Asp	Asn 230	Thr	Leu	Gln	Val	Asp 235	Ile	Asn	Gly	Phe	Thr 240
45	Thr	Gly	Arg	Arg	Gly 245	Asp	Leu	Ala	Thr	Ile 250	His	Gly	Met	Àsn	Arg 255
50	Pro	Phe	Leu	Leu	Leu 260	Met	Ala	Thr	Pro	Leu 265	Glu	Arg	Ala	Gln	His 270
	Leu	Gln	Ser	Ser	Arg 275	His	Arg	Arg	Ala	Leu 280	Asp	Thr	Asn	Tyr	Cys 285
55	Phe	Ser	Ser	Thr	Glu 290	Lys	Asn	Cys	Cys	Val 295	Arg	Gln	Leu	Tyr	Ile 300

	Asp	Phe	Arg	Lys	Asp 305	Leu	Gly	Trp	Lys	Trp 310	Ile	His	Glu	Pro	Lýs 315	•
5	Gly	Tyr	His	Ala	Asn 320	Phe	Cys	Leu	Gly	Pro 325	Cys	Pro	Tyr	Ile	Trp 330	
	Ser	Leu	Asp	Thr	Gln 335	Tyr	Ser	Lys	Val	Leu 340	Aĺa	Leu	Tyr	Asn	Gln 345	
10	His	Asn	Pro	Gly	Ala 350	Ser	Ala	Ala	Pro	Cys 355	Cys	Val	Pro	Gln	Ala 360	
15	Leu	Glu	Pro	Leu	Pro 365	Ile	Val	Tyr	Tyr	Val 370	Gly	Arg	Lys	Pro	Lys 375	
	Val	Glu	Gln	Leu	Ser 380	Asn	Met	Ile	Val	Arg 385	Ser	Cys	Lys	Cys	Ser 390	
20	(2) INF	ORMA	NOITA	FOR S	SEQ ID	NO:2	! :									
25	(<i>A</i>	EQUEN A) LEN B) TYP D) TOP	GTH: 4 E: ami	414 aı no aci	mino a d	STICS cids	•									•
		EQUE														
30	Met 1	His	Tyr	Cys	Val 5	Leu	Ser	Ala	Phe	Leu 10	Ile	Leu	His	Leu	Val 15	٠
35 35		Val			20					25					30	
	Gln	Phe	Met	Arg	Lys 35	Arg	Ile	Glu	Ala	Ile 40	Àrg	Gly	Gl'n	Ile	Leu 45	
40	Ser	Lys	Leu	Lys	Leu 50	Thr	Ser	Pro	Pro	Glu 55	Asp	Tyr	Pro	Glu	Pro 60	
	Glu	Glu	Val	Pro	Pro 65	Glu	Val	Ile	Ser	Ile 70		Asn	Ser	Thr	Arg 75	
45	Asp	Leu	Leu	Gln	Glu 80	Lys	Ala	Ser	Arg	Arg 85		Ala	Ala	Cys	Glu 90	
50	Ärg	Glu	Arg	Ser	Asp 95	Glu	Glu	Tyr	Tyr	Ala 100	Lys	Gĺu	Val	Tyr	Lys 105	
•	Ile	Asp	Met	Pro	Pro 110	Phe	Phe	Pro	Ser	Glu 115		Ala	Ile	Pro	Pro 120	
55	Thr	Phe	Tyr	Arg	Pro 125	Tyr	Phe	Arg	Ile	Val 130	Arģ	Phe	Asp	Val	Ser 135	•

-	Ala	Met	Glu	Lys	Asn 140		Ser	Asn	Leu	Val Lys 145	Ala	Glu	Phe	Arg 150
5	Val	Phe	Arg	Leu	Gln 155	Asn	Pro	Lys	Ala	Arg Val 160	Pro	Glu	Gln	Arg 165
	Ile	Glu	Leu	Tyr	Gln 170		Leu	Lys	Ser	Lys Asp 175	Leu	Thr	Ser	Pro 180
10	Thr	Gln	Arg	Tyr	Ile 185	Asp	Ser	Lys	Val	Val Lys 190	Thr	Arg	Ala	Glu 195
15	Gly	Glu	Trp	Leu	Ser 200	Phe	Asp	Val	Thr	Asp Ala 205	Val	His	Glu	Trp 210
	Leu	His	His	Lys	Asp 215	Arg	Asn	Leu	Gly	Phe Lys 220	Ile	Ser	Leu	His 225
20	Cys	Pro	Cys	Cys	Thr 230	Phe	Val	Pro	Ser	Asn Asn 235	Tyr	Ile	Ile	Pro 240
	Asn	Lys	Ser	G1u	Glu 245	Leu	Glu	Ala	Arg	Phe Ala 250	Gly	Ile	Asp	Gly 255
25	Thr	Ser	Thr	Tyr	Thr .260	Ser	Gly	Asp	Gln	Lys Thr 265	Ile	Lys	Ser	Thr 270
30	Arg	Lys	Lys	Asn	Ser 275	Gly	Lys	Thr	Pro	His Leu 280	Leu	Leu	Met	Leu 285
	Leu	Pro	Ser	Tyr	Arg 290	Leu	Glu	Ser	Gln	Gln Thr 295	Asn	Arg	Arg	Lys 300
35	Lys	Arg	Ala	Leu	Asp 305	Ala	Ala	Tyr	Cys	Phe Arg 310	Asn	Val	Glņ	Asp 315
	Asn	Cys	Cys	Leu	Arg 320	Pro	Leu	Tyr	Ile	Asp Phe 325	Lys	Arg	Asp	Leu 330
40	Gly	Trp	Ĺys	Trp	Ile 335	His	Glu	Pro	Lys	Gly Tyr 340	Àsn	Ala	Asn	Phe 345
45	Cys	Ala	Gly	Ala	Cys 350	Pro	Tyr	Leu	Trp	Ser Ser 355	Asp	Thr	Gln	His 360
40	Ser	Arg	Val	Leu	Ser 365	Leu	Tyr	Asn	Thr	Ile Asn 370	Pro	Glu	Ala	Ser 375
50	Ala	Ser	Pro	Cys	Cys 380	Val	Ser	Gln	Asp	Leu Glu 385	Pro	Leu	Thr	Ile 390
	Leu	Tyr	Tyr	Ile	Gly : 395	Lys	Thr	Pro	Lys	Ile Glu 400	Gln	Leu	Ser	Asn 405
55	Met	Ile	Val	Lys	Ser 410	Cys	Lys	Cys	Ser 414					

(2) INFORMATION FOR SEQ ID NO:3:

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10	(iv) S	EQUE	NCE D	ESCRI	PTION	:SEQ	ID NO	:3:							
	Met 1	His	Leu	Gln	Arg 5	Ala	Leu	Val	Val	Leu 10	Ala	Leu	Leu	Asn	Phe 15
15	Ala	Thr	Val	Ser	Leu 20	Ser	Leu	Ser	Thr	Cys 25	Thr	Thr	Leu	Asp	Phe 30
20	Gly	His	Ile	Lys	Lys 35	Lys	Arg	Val	Glu	Ala 40	Ile	Arg	Gly	Gln	Ile 45
	Leu	Ser	Lys	Leu	Arg 50	Leu	Thr	Ser	Pro	Pro 55	Glu	Pro	Thr	Val	Met 60
25	Thr	His	Val	Pro	Tyr 65	Gln	Val	Leu	Ala	Leu 70	Tyr	Asn	Ser	Thr	Arg 75
	Glu	Leu	Leu	Glu	Glu 80	His	Gly	Glu	Arg	Lys 85	Glu	Glu	Gly	Cys	Thr 90
30	Gln	Gļu	Asn	Thr	Glu 95	Ser	Glu	Tyr	Tyr	Ala 100	Lys	Glu	Ile	His	Lys 105
35	Phe	Asp	Met	Ile	Gln 110	Gly	Leu	Ala	Glu	His 115	Asn	Gĺú	Leu	Ala	Val 120
	Cys	Pro	Lys	Gly	Ile 125	Thr	Ser	Lys	Val	Phe 130	Arg	Phe	Asn	Val	Ser 135
40	Ser	Val	Glu	Lys	Asn 140	Arg	Thr	Asn	Leu	Phe 145	Arg	Ala	Glu	Phe	Arg 150
	Val	Leu	Arg	Val	Pro 155	Asn	Pro	Ser	Ser	Lys 160	Arg	Asn	Glu	Gln	Arg 165
45	Ile	Glu	Leu	Phe	Gln 170	Ile	Leu	Arg	Pro	Asp 175	Glu	His	Ile	Ala	Lys 180
50	Gln	Arg	Tyr	Ile	Gly 185	Gly	Lys	Asn	Ĺeu	Pro 190		Arg	Gly	Thr	Ala 195
	Glu	Trp	Leu	Ser	Phe 200	Asp	Val	Thr	Asp	Thr 205	Val	Arg	Glu	Trp	Leu 210
55	Leu	Arg	Arg	Glu	Ser 215	Asn	Leu	Gly	Leu	Glu 220	Ile	Ser	Ile	His	Cys 225

-15-

	Pro	Cys	His	Thr	Phe 230	Gln	Pro	Asn	Gly	Asp 235	Ile	Leu	Glu	Asn	Ile 240
5	His	Glu	Val	Met	Glu 245	Ile	Lys	Phe	Lys	Gly 250	Val	Asp	Asn	Glu	Asp 255
	Asp	His	Gly	Arg	Gly 260	Asp	Leu	Gly	Arg	Leu 265	Lys	Lys	Gln	Lys	Asp 270
10	His	His	Asn	Pro	His 275	Leu	Ile	Leu	Met	Met 280	Ile	Pro	Pro	His	Arg 285
15	Leu	Asp	Asn	Pro	Gly 290	Gln	Gly	Gly	Gln	Arg 295	Lys	Lys	Arg	Ala	Leu 300
15	Asp	Thr	Asn	Ťyr	Cys 305	Phe	Arg	Asn	Leu	Glu 310	Glu	Asn	Cys	Cys	Val 315
20	Arg	Pro	Leu	Tyr	Ile 320	Asp	Phe	Arg	Gln	Asp 325	Leu	Gly	Trp	Lys	Trp 330
	Val	His	Glu	Pro	Lys 335	Gly	Tyr	Tyr	Ala	Asn 340	Phe	Cys	Ser	Gly	Pro 345
25	Cys	Pro	Tyr	Leu	Arg 350	Ser	Ala	Ásp	Thr	Thr 355	His	Ser	Thr	Val	Leu 360
30	Gly	Leu	Tyr	Asn	Thr 365	Leu	Asn	Pro	Glu	Ala 370	Ser	Ala	Ser	Pro	Cys 375
30	Cys	Val	Pro	Gl'n	Asp 380	Leu	Glu	Pro	Leu	Thr 385	Ile	Leu	Tyr	Tyr	Val 390
35	Gly	Arg	Thr	Pro	Lys 395	Val	Glù	Gln	Leu	Ser 400		Met	Val	Val	Lys 405
	Ser	Cys	Lys	Cys	Ser 410					٠					
40	(2)]	NFO	RMAT:	CON 1	FOR S	SEQ	ID N	0:4:							
	i)	(2) LI	NCE (I: 30	04 a	mino		ds						
45				PE: POL											
	(iv	7) SI	EQUE	ICE I	DESCI	RIPT	ION:	SEQ	ID N	0:4:					
50	Met 1	Asp	Pro	Met	Ser 5	Ile	Gly	Pro	Lys	Ser 10	Cys	Gly	Gly	Ser	Pro 15
	Trp	Arg	Pro	Pro	Gly 20	Thr	Ala	Pro	Trp	Ser 25	Ile	Gly	Ser	Arg	Arg 30

	Ala	Thr	Ala	Ser	Ser 35	Ser	Cys	Ser	Thr	Ser 40	Ser	Arg	Val	Arg	Ala 45
5			Gly		50					55					60
			Gln		65					70					75
10			Leu		80					85					90
15			Arg		95					100					105
			Val		110					115					120
20			Gly		125					130					135
			Gly		140					145		•			150 .
25			Gln		133					160					165
30			Pro		1/0					175					180
			Leu		103					190					195
35			Phe		200					205					210
			Tyr		213					220					225
40			Pro		230					235					240
45			Ile		245					250					255
	Leu	Tyr	Asn	Gln	His 260	Asn	Pro	Gly	Ala	Ser 265	Ala	Ala	Pro	Cys	Cys 270
50			Gln		275					280					285
	Arg	Asn	Val	Arg	Val 290	Glu	Gln	Leu	Ser	Asn 295	Met	Val	Val	Arg	Ala 300
55	Cys	Lys	Cys	Ser 304											

-17-

(2) INFORMATION FOR SEQ ID NO:5:

(A) LENGTH: 198 amino acids

(B) TYPE: amino acid

(D) TOPOLOGY: linear

(iv) SEQUENCE DESCRIPTION:SEQ ID NO:5:

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15	Leu	Lys	Arg	Ala	Glu 20	Glu	Asn	Glu	Gln	Phe 25	Gly	Leu	Gln	Pro	Ala 30
15	Cys	Lys	Cys	Pro	Thr 35	Pro	Gln	Ala	Lys	Asp 40	Ile	Asp	Ile	Glu	Gly 45
20	Phe	Pro	Ala	Leu	Arg 50	Gly	Asp	Leu	Ala	Ser 55	Leu	Ser	Ser	Lys	Glu 60
	Asn	Thr	Lys	Pro	Tyr 65	Leu	Met	Ile	Thr	Ser 70	Met	Pro	Ala	Glu	Arg 75
25	Ile	Asp	Thr	Val	Thr 80	Ser	Ser	Arg	Lys	Lys 85	Arg	Gly	Val	Gly	Gln 90
0.0	Glu	Tyr	Cys	Phe	Gly 95	Asn	Asn	Gly	Pro	Asn 100	Cys	Cys	Val	Lys	Pro 105
30	Leu	Tyr	Ile	Asn	Phe 110	Arg	Lys	Asp	Leu	Gly 115	Trp	Lys	Trp	Ile	His 120
35	Glu	Pro	Lys	Gly	Tyr 125	Glu	Ala	Asn	Tyr	Cys 130	Leu	Gly	Asn	Cys	Pro 135
	Tyr	Ile	Trp	Ser	Met 140	Asp	Thr	Gln	Tyr	Ser 145	Lys	Val	Leu	Ser	Leu 150
40	Tyr	Asn	Gln	Asn	Asn 155	Pro	Gly	Ala	Ser	Ile 160	Ser	Pro	Cys	Cys	Val 165
	Pro	Asp	Val	Leu	Glu 170	Pro	Leu	Pro	Ile	Ile 175	Tyr	Tyr	Val	Gly	Arg 180
45	Thr	Ala	Lys	Val	Glu 185	Gln	Leu	Ser	Asn	Met 190	Val	Val	Arg	Ser	Cys 195
5 0	Asn	Cys	Ser 198												

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Claims

- 1. A method of predisposing a mammal to accelerated tissue repair comprising systemically administering to the mammal, prior to its exposure to tissue damage, an effective amount of TGF-\$\beta\$.
- 2. The method of claim 1 wherein the TGF- β is administered no more than about 24 hours prior to the tissue damage exposure.
 - 3. The method of claim 1 wherein the TGF- β is administered within a time range of from about 24 hours to greater than about 5 minutes prior to the tissue damage exposure.
 - 4. The method of claim 1 wherein the administration is in a single dose.
 - 5. The method of claim 1 wherein the administration is intravenous.
 - The method of claim 1 wherein the TGF-β is human TGF-β.
 - 7. The method of claim 6 wherein the TGF- β is TGF- β 1.
 - 8. The method of claim 1 wherein the mammal is human.
- 9. The method of claim 1 wherein the tissue repair is wound healing and the tissue15 damage is a wound.
 - 10. The method of claim 1 wherein the tissue repair is bone repair and the tissue damage is a bone fracture, prosthetic implant, or bony defect.
 - 11. The method of claim 1 wherein the tissue damage is surgical incision.

1 10 20 32 40 50 1 MPPSGLRLLPLLPLLWLLV-LTPGPPAAGLSTCKTIDMELVKRKRIEAIR 2 MHYCVLSAFLILHLVTVALS-LSTCSTLDMDQFMRKRIEAIR 3MHLQRALVVLALLNFATVSLS-LSTCTTLDFGHIKKKRVEAIR	60 70 80 90 1 GQILSKLRLASPPSQGE-VP-PGPLPEAVLALYNSTRDRVAGESAEPE-PE 2 GQILSKLKLTSPPEDYPEPEEVPPEVISIYNSTRDLLQEKASR-RA 3 GQILSKLRLTSPPEPTV-MTHVPYQVLALYNSTRELLEEHGER-KE 4	100 130 1 PEADYYAKEVTRVLMVETHNEIYDKFKQSTHSIYMFF <u>NTS</u> 2 AACERERSDEEYYAKEVYKIDMPPFFPS-EHAIPPTFYRPY-FRIVRFDVS 3 EGCTQENTESEYYAKEIHKFDMIQGLAE-HNELAVCPKGIT-SKVFRF <u>NVS</u> 4 -SCGGSPW-RPP-GTAPWSIG-SRRATAS	140 170 1 ELRE-AVPEPVLLS-RAELRLIRLKLKV-EQHVELYQ 2 AMEKNASNLV-KAEFRVFRLQNPK-ARVPEQRIELYQILKSK 3 SVEK <u>NRT</u> NLF-RAEFRVLRVP <u>NPS</u> -SKRNEQRIELFQILRP- 4 SSCSTSSRVRAEVGGRALLHRAELRMLRQKAAADSAGTEQRLELYQGYG <u>N</u> -
H 00 m		1 2 E 4	H 20 E 4
TGF- eta TGF- eta TGF- eta	${f TGF-eta} \ {f TGF-eta} \ {f TGF-eta} \ {f TGF-eta}$	${ m TGF-}eta \ { m TGF-}eta \ { m TGF-}eta \ { m TGF-}eta \ { m TGF-}eta$	${f TGF-eta} \ {f TGF-eta} \ {f TGF-eta} \ {f TGF-eta}$
Hu Hu Hu	S H H	Hn Hn Ck	Hn Hn Ck

FIG. 1A

----ASWRYLHGRSVRATADDEWLSFDVTDAVHQWLSGSELLGVFKLSVHC KYS<u>NNS</u>WRYLSNRLLAPSDSPEWLSFDVTGVVRQWLSRGGE1EGFRLSAHC DLTSPTQRYIDSKVVKTRAEGEWLSFDVTDAVHEWLHHKDRNLGFKISLHC **DEHIAKQRYIGGKNLPTRGTAEWLSFDVTDTVREWLLRRESNLGLEISIHC** 200 190 $TGF-\beta$ $TGF-\beta$ $TGF-\beta$ $TGF-\beta$ $TGF-\beta$

Hu Hu Ck Fg

Hu

230

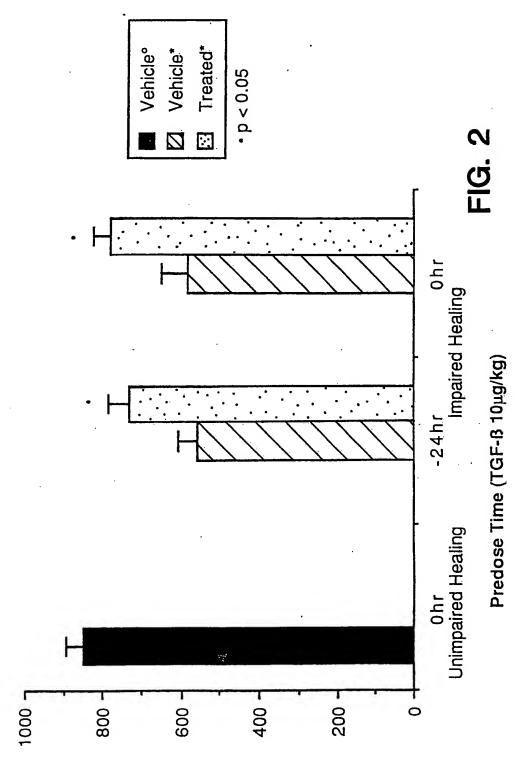
-TK--PYL--MIT-SMPAERIDTVTSS---RKKRGVGQEYCF--GNNGPNC

Hu TGF- β 1 SCDSRDNTLQVDIN-GFTTGRRGDLATI Hu TGF- β 2 PCCTFVPSNNYIIPNKSEELEARFA-GIDGTSTYTSGDQKTIKSTRKKNSG Hu TGF- β 3 PCHTFQP-NGDILENIHEVMEIKFK-GVDNEDDHGRGDLGRLKKQKDH Ck TGF- β 4 PCEMGPG-HADEMRISIEGFEQQRGDMQSIAK-KHR Fg TGF- β 5 KCPT-PQ-AKDI-DIEGFPALRGDLASLSSKEN	Hu TGF- β 1 HGMNRPFLLLIMATPLERA-QHLQSSRHRRALDTNYCFSSTEKNC Hu TGF- β 2 KTPHLLIMLLPSYRL-ESQQTNRRKKRALDAAYCFRNVQDNC Hu TGF- β 3 HN-PHLLIMMIPPHRL-DNPGQGGQRKKRALDTNYCFRNLEENC CK TGF- β 4 RV-PYVLAMALPAERANELHSARRRRDLDTDYCFGPGTDEKNC FG TGF- β 5 -TKPYLMIT-SMPAERIDTVTSSRKKRGVGOEYCFGNNGPNC
13 (4 () Q U)	12 12 12 12 12 12 12 12 12 12 12 12 12 1
TGF-β TGF-β TGF-β TGF-β	$TGF-\beta$ $TGF-\beta$ $TGF-\beta$ $TGF-\beta$
Hu Hu Ck Fg	Hu Hu Hu Ck Fg

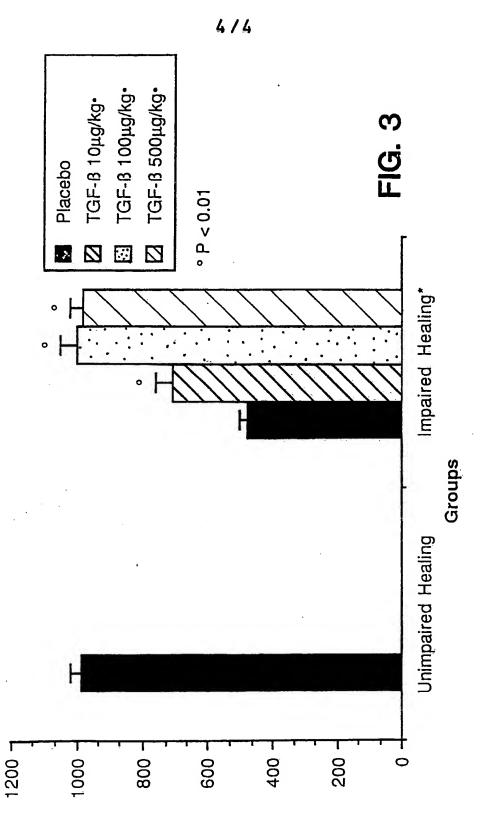
340	SKVLALYN	SRVLSLYN	STVLGLYN	TKVLALYN	SKVLSLYN
330	PYIWSLDTQY	PYLWSSDTOR	PYLRSADTTH	PYIWSADTOY.	PYIWSMDTOY
320	YHANFCLGPC	YNANFCAGAC	YYANFCSGPC	YMANFCMGPC	YEANYCLGNC
310	GWKWIHEPKG	GWKWIHEPKG	GWKWVHEPKG	QWKWIHEPKG	GWKWIHEPKG
300	HU TGF-B I CVRQLYIDFRKDLGWKWIHEPKGYHANFCLGPCPYIWSLDTQYSKVLALYN	Hu TGF- β 2 CLRPLYIDFKRDLGWKWIHEPKGYNANFCAGACPYLWSSDTOHSRVLSLYN	Hu TGF-B 3 CVRPLYIDFRODLGWKWVHEPKGYYANFCSGPCPYLRSADTTHSTVLGLYN	CK TGF-\$\beta\$ 4 CVRPLYIDFRKDLQWKWIHEPKGYMANFCMGPCPYIWSADTQYTKVLALYN	FG TGF-β 5 CVKPLYINFRKDLGWKWIHEPKGYEANYCLGNCPYIWSMDTOYSKVLSLVN
		CE	S ≪	C	CA
	,	• •	.,	4.	ш,
((TGF-B	$TGF-\beta$	$TGF-\hat{\beta}$	TGF-B	$TGF-\beta$
	n :	Hu.	Ha	ž	Fg

390 QHNPGASAAPCCVPQALEPLPIVYYVGRKPKVEQLSNMIVRSCKCS TINPEASASPCCVSQDLEPLTILYYIGKTPKI EQLSNMIVKSCKCS TLNPEASASPCCVPQDLEPLTILYYVGRTPKVEQLSNMVVKSCKCS QHNPGASAAPCCVPQTLDPLPIIYYVGRNVRVEQLSNMVVRACKCS QNNPGASISPCCVPDVLEPLPIIYYVGRTAKVEQLSNMVVRSCNCS 360 2 6 TGF-8 TGF-8 TGF-8 $TGF-\beta$ F H X





Peak Load (g) Mean ± S.E.M.



Peak Load (g) Mean ± S.E.M.

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